

Camper Registration *Holy Name of Jesus Vacation Bible Camp 2020*

June 15-19 from 9 am -12 am

Holy Name Parish Center



Discover how God's Plan for Salvation History invites more and more people to the Way Play Godly Golf miniature Course, enjoy, arts and crafts, music, stories, movies, skits, activities

Please complete both sides of form and send to 6220 LaSalle Place, New Orleans, LA 70118.

Checks payable to: **Holy Name of Jesus Church (VBS on the memo line).**

Questions to Patricia Mathes at cre@hnjchurch.org or 504-865-7430 Ext. 206

1. Name: _____ DOB _____ Grade 2020-2021 _____ School _____ Allergies/Medications or any other pertinent information: _____ _____
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2. Name: _____ DOB _____ Grade 2020-2021 _____ School _____ Allergies/Medications or any other pertinent information: _____

Father's Name _____ Address _____ City, State, Zip _____ Work/Home Phone _____ Cell Phone _____ Email _____ Mother's Name _____ Address _____ City, State, Zip _____ Work/Home Phone _____ Cell Phone _____ Email _____
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Insurance Company: _____ Phone# _____ Policy#: _____

Pediatrician's Name: _____

Phone # _____ Preferred Hospital _____

Name of people authorized to pick up your child (ren) and to call in case of an emergency:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Emergency Authorization: State law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this page will provide us with that authorization. Our policy, in the event of a medical emergency is to contact you first. If we cannot contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interest of your child.

I, the undersigned, agree and understand that Holy Name of Jesus Church or the Archdiocese of New Orleans or the employees, agents, and associates thereof, are not responsible for any accidents or injuries that my child (ren) may sustain arising out of their participation in the activities. I assume all risks associated with this activity and I, and anyone entitled to act on my behalf, release Holy Name of Jesus Church and the Archdiocese of New Orleans from all claims whatsoever which may arise from this activity.

Signature of Parent/Guardian

Printed Name

Date

Photo, Video, Voice Release: I realize that photographs, videos, written extractions, and voice recordings of students may be taken during various activities for the purpose of illustrations, publications, and websites. **I hereby authorize and give full consent** to Holy Name of Jesus Church to publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears while he/she is enrolled as a participant at Holy Name of Jesus Parish School of Religion Vacation Bible School.

Name of child _____ Grade _____

Parent/or Guardian Name: _____

Signature: _____ Date: _____

OR

I do not give my consent to Holy Name of Jesus Church to publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears while he/she is enrolled as a participant at Holy Name of Jesus Parish School of Religion.

Name of child _____ Grade _____

Signature: _____ Date: _____

If this signed release is not received back from you with registration we shall assume that you do authorize and give full consent to Holy Name of Jesus Church's Parish School of Religion to publish and copyright all photographs, videos, written extractions, and voice recordings in which your child/children appears while he/she is enrolled as a participant at Holy Name of Jesus Church's Parish School of Religion Vacation Bible School.